Please type a plus sign (+) inside this box +



PTO/SB/21 (10-96) Approved for use through 10/31/99. OMB 0651-0031

This form is a Replica of PTO/SB/21 (10-96)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

nder the Paperwork Reduction Act of 1995, no persons are required to respond to/a	collection of information unless it displa	ys a valid OMB control number	
	Application Number	09/346,412	
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Filing Date	07/01/99	
	First Named Inventor	OREGORY A. JAMIESON, ET AL Not Assigned Not Assigned	
	Group Art Unit		
	Examiner Name		
		1	

GENE		Examiner Name		Not Assigned		
Total Number of Pages in This Su	ubmission 11	Attorney Docket	Number	H16-25990 US		
ENCLOSURES (check all that apply)						
X Fee Transmittal Form X Assignment Pap (for an Applicat Drawing(s) Drawing(s) Licensing-relate Drawing(s) Licensing-relate Drawing(s) Licensing-relate Drawing(s) Drawing(s		Papers t and etition ication y, Revocation spondence Address	L to A Of A A A A A A X C C C C C C C C C C C C C	fter Allowance Communication group ppeal Communication to Board f Appeals and Interferences ppeal Communication to Group uppeal Notice, Brief, Reply Brief) roprietary Information tatus Letter dditional Enclosure(s) please identify below): respondence to Examiner aration and Power of Atty. se Statement		
	Remarks					
SIGNAT	URE OF APPLICAN	T, ATTORNEY,	OR AGE	NT		
Firm IAN D. MACKIN REG. NO. 34,660 Individual name		:				
Date 9/15/99						
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:						
Type or printed name SANDY TRUEHART						
Signature Sandy Truchart Date 9-14-99						

Burden Hour Statement: This form is estimated to take 1/2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time are required to complete this from should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents Box Patent Application, Washington, DC 20231.

This form is a Replica of PTO/SB/17 (12/97)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

O 1 Mag Co	COMPLETE IF KNOWN		
FEE TRANSMITTAE	Application Number	09/346,412	
	Filing Date	7/1/99	
Note: Effective October 1, 1997, Patent fees are subject to annual revision	First Named Inventor	GREGORY A. JAMIESON, ET AL	
	Group Art Unit	Not Assigned	
TOTAL AMOUNT OF PAYMENT (\$) 170.00	Examiner Name	Not Assigned	
	Attorney Docket No.	H16-25990 US	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any	3. ADDITIONAL FEES Large Entity Small Entity					
over	Fee	Fee	Fee	Fee		For Doid
Deposit 08-2727	Code	\$	Code	\$	Fee Description	Fee Paid
Number	105	130	205	65	Surcharge - Late Filing Fee	
Deposit Account	127	50	227	25	Surcharge - Late provisional filing fee or cover sheet	
Name	139	130	139	130	Non-English Specification	
Charge Any Additional Charge the Issue Fee Fee Required Under Set in 37 CFR 1.18 at	147	2,520	147	2,520	For filing a request for reexamination	
37 CFR 1.16 & 1.17 the Mailing of the	112	920°	112	920*	Requesting publication of SIR prior to Examiner Action	
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner Action	
☐ Check ☐ Money ☐ Other	115	110	215	55	Extension for reply within first month	
	116	380	216	190	Extension for reply within second month	<u> </u>
Fee Calculation	117	870	217	435	Extension for reply within third month	
1. Filing Fee	118	1360	218	680	Extension for reply within fourth month	
Large Entity Small Entity	128	1850	228	925	Extension for reply within fifth month	
Fee Fee Fee Fee Fee	119	300	219	150	Notice of Appeal	
Code \$ Code \$ Fee Description Paid	120	300	220	150	Filing a brief in support of an appeal	
101 760 201 380 Utility Filing Fee	121	260	221	130	Request for Oral Hearing	
106 310 206 155 Design Filing Fee	138	1,510	138	1,510	Petition to institute a public use hearing	
107 480 207 240 Plant Filing Fee	140	110	240	55	Petition to revive - unavoidable	
108 760 208 380 Reissue Filing	141	1,210	241	605	Petition to revive - unintentional	
Fee	142	1,210	242	605	Utility issue fee (or reissue)	
114 150 214 75 Provisional	143	430	243	215	Design issue fee	
Filing Fee	144	580	244	290	Plant issue fee	
Subtotal (1) (\$)	122	130	122	130	Petitions to the Commissioner	
Fee from	123	50	123	50	Petitions related to Provisional applications	
2. Claims Extra below Fee Paid	126	240	126	240	Submission of Information Disclosure Statement	
Total Claims -20 = x = ndependent -3 = x	581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
Cairra Valitipie Dependent Claims Large Entity Small Entity	146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
Fee Fee \$ Fee Fee \$	149	760	249	380	For each additional invention to be examined	
Code Code Fee Description				-	(37 CFR 1.129(b))	
103 18 203 9 Claims in excess of 20						
102 78 202 39 Independent claims in						
excess of 3 104 260 204 130 Multiple dependent	Other fee (s	pecify)	_ <u>Fi</u>	ling of Missir	ng Parts S	130.00
claim 109 78 209 39 Reissue independent claims over original	Other fee (s	pecify)	•		·	
patent 110 18 210 9 Reissue claims in						
excess of 20 and over original patent Subtotal (2) (\$)	r/educe	a uy ba	sic Filing F	ee raid	Subtotal (3) (\$) 170.00 \$	
						.
SUBMITTED BY					COMPLETE IF APPLICABLE 8	
Typed or Printed Name IAN D.MACKINNON					Registration 34,660 8 Number	
Signature In Mal	۷		Date 5	1/1/	Deposit Account User ID	
11/11				//2//	<u>7</u>	

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the mouse of time are required to complete this from should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

13 54





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Minneapolis, Minnesota September 16, 1999

Applicant

- GREGORY A. JAMIESON, ET AL.

Group -

Not Assigned

Serial No.

- 09/346,412

Examiner -

Not Assigned

Filed

- 07/01/99

Docket No-

H16-25990 US

For

- Process Variable Gauge Interface and Methods Regarding Same

CORRESPONDENCE TO EXAMINER

Attention: Box Missing Parts

Assistant Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

Applicant hereby submits an executed "Declaration and Power of Attorney", an executed Assignment and Recordation Form, and an executed Space Statement in the above-identified patent application, without PTO-1533 form "Notice to File Response to Missing Parts", as this form has been misplaced in our office. Applicant authorizes the Commissioner to charge the \$130.00 Missing Parts Fee, and a \$40.00 Recordation Fee to Deposit Account 08-2727.

Respectfully submitted,

GREGORY A. JAMIESON, ET AL.

Ian D. MacKinnon, Attorney

Reg. No. 34,600

Honeywell Inc.

Honeywell Plaza MN12-8251

P. O. Box 524

Minneapolis, MN 55440-0524

Telephone: (612) 951-0612

IDM/ST